

Case Number:	CM14-0025169		
Date Assigned:	06/11/2014	Date of Injury:	06/13/2012
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female who is reported to have sustained work related injuries on 06/13/12. It appears that on this date the injured worker was moving a patient and later developed low back pain with radiation into the lower extremities. The provided records indicate that the injured worker underwent an extensive course of conservative treatment without benefit. On 01/25/13, she underwent an L4 to S1 posterior lumbar interbody fusion. Postoperatively, she was referred for rehabilitative therapy. The record indicates at least 8 sessions of postoperative aquatic therapy. On physical examination dated 02/12/14, the injured worker is reported to be unchanged. She is noted to have tenderness in the lumbar paraspinal musculature and pain with terminal motion. She is noted to be neurologically intact. The record contains a utilization review determination dated 02/07/14 in which requests for Cyclobenzaprine 7.5mg #120 and Tramadol ER 150mg #90 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CYCLOBENZAPRINE HYDROCHLORIDE TABS 7.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for Cyclobenzaprine Hydrochloride tablets 7.5mg #120 is not supported as medically necessary. Per review of the clinical records, the injured worker is 1 year status post lumbar fusion and has no objective findings on physical examination of myospasms which would warrant the use of this medication. Additionally, it is noted that California Medical Treatment Utilization Schedule (MTUS) does not support the long term use of muscle relaxants in the treatment of chronic pain. As such, the medical necessity for continued use of this medication has not been established.

TRAMADOL HYDROCHLORIDE ER 150MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Tramadol Hydrochloride ER 150mg #90 is not supported as medically necessary. Per the submitted clinical records, the injured worker is 1 year status post lumbar fusion. She has no substantive findings on physical examination that would warrant the continued use of opiate medications. Further, the submitted clinical records do not provide any documentation to establish that the continued use of Tramadol results in functional improvements. As such, the request would not meet California Medical Treatment Utilization Schedule (MTUS) for continued use.